**Key Action 1 – Mobility of youth workers – Training Course**

**-Social inclusion of disadvantaged youth-**

**24th July – 31st July 2016
Canakkale, TURKEY**

**APPLICATION FORM for participants**

***Details of participant***

|  |  |  |  |  |  |  |  |  |
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|   |   |   |   |   |   |   |   |   |
|   | **Name and surname** |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   | **Date of birth** |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   | **City / Country** |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   | **Nationality** |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   | **Gender** |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   | **E-mail address** |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   | **Mobile phone** |   |   |   |
|   |   |   |   |   |   |   |   |   |

***Person to be called in case of emergency situations***

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|   |   |   |   |   |   |   |   |   |
|   | **Name and surname** |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   | **Relativity** |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   | **E-mail address** |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   | **Mobile phone** |   |   |   |
|   |   |   |   |   |   |   |   |   |

***Profile of participant***

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| **What is your position in your sending organization for this project (Manager, trainer, volunteer, member etc.)** |
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| **Have you ever taken part in an international organization before?** **If yes, please describe your task and responsibilities:** |
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| **Have you ever attended any Youth in Action or Erasmus + Program project activity?** **If yes, please explain what type of action and theme of the project:** |
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| **Do you have any experiences about social inclusion of disadvantaged young people?** **If yes, please describe:** |
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***Additional information***

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| **Do you have any allergies or any medical restrictions?** |
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| **Do you have any food requirements? (vegetarians, diabetics, diets)** |
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